10/594084

APPLICATION DATA SHEET

Application Information

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	RAILWAY BOGIE
Attorney Docket Number::	1024943-000215
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	

Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Volker
Middle Name::	
Family Name::	GEDENK
Name Suffix::	
City of Residence::	Hemmingen
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Pastorenkamp 13
City of Mailing Address::	Hemmingen
State or Province of Mailing Address::	
Country of Mailing Address::	Germany

Postal or Zip Code of Mailing Address::

30966

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Friedrich
Middle Name::	
Family Name::	HOPPMANN
Name Suffix::	
City of Residence::	Hemmingen
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Orffstrasse 18
City of Mailing Address::	Hemmingen
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	30966
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Rolf
Middle Name::	
Family Name::	SCHMIECHEN
Name Suffix:	

Schwebheim City of Residence:: State or Province of Residence:: Germany Country of Residence:: Am Kammerholz 3 Street of Mailing Address:: Schwebheim City of Mailing Address:: State or Province of Mailing Address:: Country of Mailing Address:: Germany Postal or Zip Code of Mailing 97525 Address:: Inventor **Applicant Authority Type:**: Primary Citizenship Country:: The Netherlands Status:: Full Capacity John Given Name:: Middle Name:: **SKILLER** Family Name:: Name Suffix:: **AK Soest** City of Residence:: State or Province of Residence:: The Netherlands Country of Residence:: **Street of Mailing Address:** Koperwiek 6 **AK Soest** City of Mailing Address:: State or Province of Mailing Address::

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Country of Mailing Address::

The Netherlands

Postal or Zip Code of Mailing NL-3766

Address::

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: 703 836 6620

Fax Number: 703 836 2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Parent Application:: Parent Filing Application:: **Continuity Type::**

Date::

PCT/EP2004/003197 03/26/04 This Application National Stage of

Foreign Priority Information

Filing Date:: **Priority** Country:: **Application Number::**

Claimed::

Assignee Information

Assignee Name:: **AB SKF**

Street of Mailing Address: Hornsgatan 1

City of Mailing Address:: Goteborg

State or Province of Mailing

Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing S-415 50

Address::